

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 2

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ N/A

b. FFY 2002 \$ N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 7 to Attachment 2.6-A Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 7 to Attachment 2.6-A
Page 1

10. SUBJECT OF AMENDMENT:

Increase in income standards for Aged, Blind, Disabled

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathleen D. Gifford

14. TITLE:

Assistant Secretary

15. DATE SUBMITTED:

March 27, 2001

16. RETURN TO:

Kathleen D. Gifford, Assistant Secretary
Office of Medicaid Policy and Planning
402 W. Washington
Indianapolis, IN 46204
ATTN: Tracy Brunner, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/30/01

18. DATE APPROVED:

4/27/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

MAR 30 2001

DMCH - IL/IN/OH

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Indiana

INCOME LEVELS FOR 1902 (f) STATES – CATEGORICALLY NEEDY WHO ARE
COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

\$530 Unmarried applicant/recipient of any age; an applicant/recipient not living with
a spouse

\$796 Married couple, either or both of whom are applicants/recipients

\$266 A dependent child

\$266 An essential person

INCOME STANDARDS USED IN PARENT TO CHILD DEEMING
(biological, adoptive parents)

\$530 One parent of the child applicant/recipient

\$796 Two parents of the child applicant/recipient

Parental deeming rules apply except in the case of any blind individual with respect to whom the Secretary of Health and Human Services has made an individualized determination under 1614 (f)(2) of the Social Security Act that it would be inequitable to deem amounts of income or resources to him/her given the individual's circumstances. In cases where the Secretary has made an individualized determination under 1614(f)(2), deeming from the individual's parents will be limited to those amounts which the Secretary has not determined to be inequitable to be deemed under the individual's circumstances. (7-1-89)